

Unit 4 discussion board



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Health Care: Public and Private In the United States health care coverage is provided by a number of different agencies, systems, and providers. The government operates the military health system, the Veterans Administration (VA), Medicare, Medicaid, and various ancillary medical programs. However, most individuals are covered through private coverage provided through employers, individual insurance, or may have no coverage at all. While the VA and the military are self-contained systems with allocated budgets, the private sector is greatly fragmented and bears little resemblance to any form of system.

Though Medicare and Medicaid are federally operated programs, they rely on private providers that are regulated and financed through a variety of different agencies and corporations. In contrast, the VA and military are health care systems that are run directly by the government. This difference has allowed the VA to concentrate on quality rather than quantity of services. In addition, the VA manages the system to hold regional and area managers directly responsible for the performance of the system. The private sector providers have little incentive to invest in quality such as the VAs commitment to, " purchases of health IT to track adherence to clinical guidelines or spending on education and training to improve compliance with safety protocols" (Veterans Administration, 2007, p. 14). In addition, the VA has implemented the Veterans Equitable Resource Allocation (VERA) system to monitor resources and assure that they are being adequately distributed. This has developed into a highly refined system of patient classification, regional cost analysis, and produces a level of care that the private sector could benefit from to control costs while assuring quality care (National Defense Research Institute, 2005, p. 3).

The US Department of Defense (DoD) operates the largest health system in the US and provides medical care for active military, retirees, and civilian employees. A key difference between the DoD and the private sector is the ability to enact policies that affect their participants health while saving money. The military is able to vaccinate their members in greater numbers for diseases such as polio, measles, mumps, influenza, and varicella (Kruzel). The military policy views this as a health maintenance (and cost saving) measure, while the private sector sees this as a cost. Because the DoD operates on a fixed budget from year to year, they are forced to control costs, while the private sector is often prompted to accelerate costs to generate greater revenue.

The VA system and the DoD are faced with some unique challenges in respect to the numbers of amputees and brain injuries that are treated as a result of the Iraq war. This has placed them in a position to offer the most state of the art emergency care as well as limb replacement technology. These technologies and procedures would be readily transferable to the private sector. The private sector would also be well served to implement some of the lessons learned from the VA and the DoD in the areas of cost saving financial policies. Shared systems, that reduce redundancy, maximize resource use, and share medical information can also reduce healthcare costs while improving care (Case in Point). Political capital, as well as tax dollars, should be expended to apply the large system models of the VA and DoD to private forms of health insurance and care.

References

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